S #4	300	THE DIVISION OF HEALTH OF MISSOURI										400	A 90990	
v. /10.		FILED JA	N 2 1951	STA	NDARD (CERTIF	ICATE O	F DEA	TH	Sto	ste File No.	40	COR	
		BIRTH NO		_ REG. DI	<u>ت.</u> No. <u>ع</u>	17	PRIMARY REG.	DIST.	ю. <u>6</u>	076 Re	gistrar's No	30	93	
<u>×</u>		1. PLACE OF DE	ATH				2. USUAL	RESIDE	NCE (Where deceased	lived. If is	astitution: ex	etleses before	
Blvd.	100	a. COUNTY St	.Louis				a. STATE	Miss		ь. С	OUNTY		administra).	
덫	4	b. CITY (If outside ex	GTH OF											
S.Grand	e	TOWN Gardenville					TOWN St. Louis				202	7:		
ಆ	RECORD -	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR					d. STREET (If rural, give location) ADDRESS							
		INSTITUTION		2 ADDRESS 6132 Wanda Ave					. /					
3606	E	3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Las	st)	,	4. DATE	(Month)	(Day)	(Year)	
ğ	Ŀ	(Type or Print)	Christian		Michae	1	Seba	astia	n	OF DEATH	12-20	-1950	 ,	
	Ä	5, SEX 6.	COLOR OR RACE	7. MARRI	ED. NEVER MA ED. DIVORCED	RRIED,	8. DATE OF B			9. AGE (In)		R I YEAR F	INDER II 1825.	
.Wauters 7891	Z	Male 🔿	White	Mar	ried /		8-5-18	87 7		lest birthda 73	y) Months	Days H	Ours Min.	
4	PERMANENT	10a. USUAL OCCUPATION	ON (Give kind of work	10b. KIND	OF BUSINES	OR IN-	11. BIRTHPLAC		r foreign o	orestor)		1 12 CITIZ	EN OF WHAT	
Wa.1		done during most of work	DUSTRY							COUNT	RY7			
F C	<u>a</u>	Retired		Black	SMITA 36. MOTHER'S		Misso	ouri				U.S	A •	
ង់ន	∢			"				ĺ		NE OF HUSBA				
-	国	Michael S		1		e Har			<u> </u>	abeth S	<u>obast i</u>	an		
	AKE	15. WAS DECEASED EVE (Yee. no, or unknown) (II	ER IN U.S. ARMED F	of service)	16. SOCIAL S	ECURITY NO.	17. INFORM	IANT'S	ZSI GNI	ATURE OR	NAME	Al	DRESS	
. •	À	No				_	Elizabe		Fiso	Kin 613	2 Wand	a Ava	,	
•	INK	IS CAUSE OF DEATH MEDICAL CERTIFICATION									INTERVA	L BETWEEN		
		Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	ING TO DEA	ON DEATH*(a) Cerebral Hemorrhage (Rt. Side)							AND DEATH		
	BLACK	*This does not mean	ANTECEDENT CA	USES					٠,					
_		the mode of dying, such	Morbid conditions	. if any olo	na DUE TO (b))								
•		as heart failure, asthenia,	rise to the above co	s, if any, giving DUE TO (b) ruse (a) stating use last.					•.	•				
	· 10	etc. It means the dis- cass, injury, or complica-	ine maderiying cut	de 1011.	DUE TO (c)		<u>.</u>							
	UNFADING	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS							-				
	<u> </u>		Charditions contribution to the death but and											
	Į ∥	19a. DATE OF OPERA-	related to the disease or condition causing death. 196. MAJOR FINDINGS OF OPERATION			Arteriosclerosis					<u> </u>			
	5	TION	DINGS OF OPERATION			-2-210					20. AUT	OPSY7		
		no_	<u> </u>				1			B. D.		YES		
•	USING	21a. ACCIDENT SUICIDE HOMICIDE			FINJURY (e.g.,		21c. (CITY, TO	WN, OR TO	OWNSHIP	") " ((COŪNTY)	(51	rate)	
	isi I	21d. TIME (Month)	(Day) (Year) (I	Hour) 210	. INJURY OCC	URRED	21f. HOW DID	INJURY C	CCUR7					
	ī	OF INJURY		100 WH		WHILE	,							
1	× ∥					rork 🗀	50			3 0 -	· · · · ·	 		
	PLAINLY	22. I hereby certify to	hat I attended th	re decease	d from WB.	<u> </u>	_, 19 <u>50</u> , u	<u>ولا۔۔۔ ہ</u>	C. i	44) 10 <u> </u>	That I la	st saw the	deceased	
	₹∥	alive onDe	<u>. 19, 19_5</u>	Y and the				from the	causes	and on the	date state	ed above.	· ·	
ŀ	Z ∥	234, SIGNATURE	$\frac{1}{2}$	D-4-	(D)	or title)	23b. ADDRESS			<u>۸</u>		Z3c. DAT	E SIGNED	
		11.2 7.4	- WKC	M	ppu	KX:	3608 S.	Gra	nd 4	lvd.		12/2	1/50	
		24a. BURIAL, CREMA- TION, REMOVAL (Speakly)	24b. DATE] 2	4c. NAME OF	CEMETERY	OR CREMATO			TION (City, to	own, or com		(State)	
	WRITE	Burial /	12-23-19	950	Mt_Hope	Cemet	arv :		1215	Lomay F	e truct D	ned	_ Mo	
'		DATE REC'D BY LOCAL	REGISTRAR'S SI			=	25 FUNERAL	DIRECTO	R' 5 8	CHATURE	<u>^ </u>	DORESS	_ mu	
	1	12/21/5 REG.	Hubert	Cam	Le m	10 3	3:	An.) (L)	no c	409 Gr	aveic	A ***	
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					,								گ	

STATEMENT BY LICENSED EMBALMER

I here	by certify that	the body	whose nan	ne is recorded on	the reverse	side of this	certificate w	vas embalmed	by me, or	by
	_					,				

working under my personal supervision.

Student Embalmer No......

Student Embalmer No 4343

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.